

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

FILED
EASTERN DISTRICT OF ARKANSAS
Clerk's Office

DEC 10 2012

JAMES W. McCORMACK, CLERK
BY: *[Signature]*
CLERK

Jury Trial: Yes No
(Check One)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
DIVISION

CASE NO. 112cv00132 DPM/BD

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

Name of plaintiff: Michael Wade
ADC # 151652

Address: 300 CORRECTIONS DR, NEWPORT, AR 72112

Name of plaintiff: _____
ADC # _____

Address: _____
This case assigned to Dis. Marshall
Name of plaintiff: _____ and to Magistrate Judge Dore
ADC # _____

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: MEIVIN NANCE /John Doe

Position: M.D (CORIZON INK)

Place of employment: SCOTT GIRANES

Address: 300 CORRECTIONS DR, NEWPORT, AR 72112

Name of defendant: Rory GRIFFIN

Position: Administrator of Medical & Dental Services

Place of employment: CENTRAL OFFICE / A.D.C

Address: P.O. Box 8707 Pine Bluff, AR 71601

Name of defendant: Wendy Kelly

Position: Dep. Dir. of Health and Correctional Svcs.

Place of employment: Central Office/ADC

Address: P.O. Box 8707 Pine Bluff, AR 71601

Name of defendant: Billy Cowell

Position: Health Services Administrator

Place of employment: ADC. Scott Grimes unit

Address: 300 Corrections Dr, Newport, AR 72112

II. Are you suing the defendants in:

official capacity only
 personal capacity only
 both official and personal capacity

III. Previous lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No ✓

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

Court (if federal court, name the district; if state court, name the county):

Docket Number: _____

Name of judge to whom case was assigned: _____

Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

Approximate date of filing lawsuit: _____

Approximate date of disposition: _____

IV. Place of present confinement: SCOTT GRIMES UNIT

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

in jail and still awaiting trial on pending criminal charges

serving a sentence as a result of a judgment of conviction

in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes No _____

Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes No _____

If not, why? _____

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

This claim is against the Scott Crimes Unit of the Ark. Dept of Corrections, Corizon Ink. Contract Medical Provider, Rory Griffen, Administrator of medical and dental services, and Wendy Kelly, Dep. Dir. of Health and Correctional programs. The above named who having committed either, actually, directly or indirectly cause continued suffering and medical harm by not providing effective treatment and medications clearly indicated by my free world medical records from both DR. Walker and DR. Stone. My records clearly indicate a need for treatment for chronic pain yet Corizon Ink steadfastly refused to alter my meds or treatments. However, when discharging my grievance (#GH-12-01439), DR. Kelly states that Dr. Nance reviewed my records on 9 Sept 2012 and noted that my records did not contain any information to cause my current treatment to be altered. I would like to add that as of 10-19-2012, I had not been examined by Dr. Nance or any other MD employed by Corizon Ink.

CORIZON INC's treatment was NORTRIPTYLINE
and INSOLES on 4-11-12, two weeks later on
4-23-12 I was ORDERED NAPROXEN, on 7-3-12
I WAS ORDERED SALGALATE, AND ON OTHER
TIMES, TENNIS SHOES, CANE AND OTHER APPETITIVE
TREATMENTS. EVEN AFTER INFORMING THEM,
WHICH MY RECORDS CONFIRMED, I HAVE BEEN
THRU THE STAGES WHERE THE TYPE OF MEDS
THEY (CORIZON) WERE GIVING ME NO LONGER
WORKED ON ME, MY PAIN WAS JUST SO SEVERE
FOR THEM. WENDY ALSO STATES THAT I
CLAIM I WAS TAKING HYDROCODONE 3X A DAY,
TRAMADOL 3 TIMES A DAY, STEROID SHOTS, SOMA
AND FOR MUSCLE SPASMS AND NEURONTIN.
Had any ^{one} ACTUALLY REVIEW MY FREEWORLD
RECORDS, THEY WOULD HAVE FOUND THIS TO BE
TRUE. DUE TO THE MISHANDLING OF MY CASE
I HAVE SUFFERED, CONTINUE TO SUFFER
EXTREME AND SEVERE PAIN WHICH CONSTITUTES
CRUEL AND UNUSUAL PUNISHMENT,

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

My pain effectively treated Twenty Five thousand dollars per defendant for actual pain and suffering and Any punitive award the court deems appropriate to discourage this type of behavior in the future,

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 7th day of December, 20 12.

Michael Wade

Signature(s) of plaintiff(s)

IGTT430
3GD

Attachment VI

2012 DEC 10 AM 10:17

INMATE NAME: Wade, Michael D.

ADC #: 151652

GRIEVANCE#:GR-12-01439

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

August 8, 2012, you grieved you are continuing to suffer from chronic and severe back pain due to inadequate medical care. You claim you are not provided necessary medication to prevent your pain. You claim you were taking Hydrocodone 3 times a day, Tramadol 3 times a day, and had steroid shots, Neurontin, and Soma for muscle spasms. You claim you are entitled to similar medical treatment as an inmate that you received in the free world. You list Dr. Melvin Nance, Rory Griffin, Administrator of Medical and Dental Services, and Wendy Kelley, Deputy Director of Health and Correctional Programs as medical care providers who deliberately caused physical injury and medical harm by not providing needed medical care.

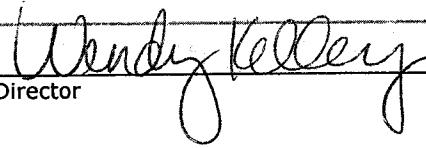
The medical department responded, "Review of your record shows that on 3/27/12 you were seen by nursing and referred to chronic care for this complaint. On 4/11/12 you were seen by the APN and ordered Nortriptyline 25 mg and insoles. On 4/23/12 you were ordered Naproxen 500 mg and a script to wear extra thermals. On 6/19/12 you were issued a cane and double insoles. On 7/3/12 the Naproxen was stopped and Salsalate was ordered. On 8/20/12 you were ordered Keppra, tennis shoes, and the Nortriptyline was increased to 50 mg. You have outside medical records pending review by the UMD. This grievance is found to be without merit as there is no indication that you have not received adequate care. If you have further issues utilize the sick call process."

You disagree in your September 6 appeal because you find it hard to believe the medical department has not received your free world records. You state that your pain is a very good indicator that you are not receiving adequate care for your chronic and painful back condition.

Your records from Dr. Walker's office were received and reviewed by Dr. Nance on September 6, 2012. He noted they did not contain any information that altered your current treatment. You have been seen for your complaints and treated as deemed appropriate and clinically indicated in your provider's medical judgement. Your outside records have been reviewed. You should be seen in chronic care clinic this month and I encourage you to discuss any outstanding issues at that time. Your appeal is without merit.



Director



Date



UNIT LEVEL GRIEVANCE FORM (Attachment I)Unif/Center GRIMES

AUG 09 2012

Name MICHAEL DEAN WADE

Grimes Unit

ADC# 151652 Brks # 2 Job Assignment B/4GRV. # GR-12-01439Date Received: 8-9-12GRV. Code #: 600

8-8-12 (Date) STEP ONE: Informal Resolution

8-8-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The below mentioned is already aware and have knowledge of my condition

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): 8-8-12. Grimes Unit. I am submitting this complaint against Dr. Melvin Nance, M.D., Corizon, Inc., contract medical care provider, Rory Griffin, Administrator of Medical and Dental Services, and Wendy Kelley, Dep. Dir. of Health and Correctional programs, medical care providers who had committed either, actually, directly or indirectly in deliberately causing physical injury (back) and medical harm by not providing needed medical care and such resulting in both Deliberate Indifference and Cruel and Unusual Punishment. I am continuing to suffer from chronic and severe back pain due to inadequate medical care. I am suffering due to me being not provided the necessary medications. I am being provided Nortriptyline that has not been as effective as the medical care that I received in society. I was taking hydrocodone 3x a day, 50 mg of Tramadol 3x a day, steroid shots and Neurontin. And some for muscle spasms. The law clearly states that inmates have a constitutional right not the same but similar treatment.

Michael D. Wade

8-8-2012

Date

Inmate Signature

*If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.***THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 8-8-12 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Rory Griffin Date 8-8-12

PRINT STAFF NAME (PROBLEM SOLVER) Sgt. Roger T. H. S. 52098 ID Number 52098 Staff Signature Roger T. H. S. 52098 Date Received 8-8-12

Describe action taken to resolve complaint, including dates: You were evaluated by a provider and treated appropriately. If you have problems please submit a sick call.

B. Howell 8-8-12

Staff Signature & Date Returned

Michael Wade 8-8-12

Inmate Signature & Date Received

RECEIVED-DEPUTY DIRECTOR
ARKANSAS DEPARTMENT OF CORRECTIONS

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: SEP 12 2012

If forwarded, provide name of person receiving this form: _____ Date: _____

HEALTH & CORRECTIONAL PROGRAMS

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.

IGTT420
3GHINMATE NAME: Wade, Michael D.ADC #: 151652AGRIEVANCE #: GR-12-01439

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(605) You state that you are not receiving adequate care for your back pain.

Review of your record shows that on 3/27/12 you were seen by nursing and referred to chronic care for this complaint. On 4/11/12 you were seen by the APN and ordered Nortriptyline 25mg and insoles. On 4/23/12 you were ordered Naproxen 500mg and a script to wear extra thermals. On 6/19/12 you were issued a cane and double insoles. On 7/3/12 the Naproxen was stopped and Salsalate was ordered. On 8/20/12 you were ordered Keppra, tennis shoes, and the Nortriptyline was increased to 50mg. You have outside medical records pending review by the UMD. This grievance is found to be without merit as there is no indication that you have not received adequate care. If you have further issues utilize the sick call process.

Billy CorrellH.S.A.9-6-12

Signature of Health Services
Administrator/Mental Health Supervisor
or Designee

Title

Date

RECEIVED - DEPUTY DIRECTOR
ARKANSAS DEPARTMENT
OF CORRECTION

SEP 12 2012

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I was told in March of 2012 that the ADC was sending to my freeworld medical records, I find it hard to believe that they (the ADC) has not yet received said records. Therefore I contend that the pain I am constantly in is a very good indicator that I am in fact "not" receiving adequate care for my chronic and painful back condition. The cane does not address pain issues, only those types of meds stopped working on me years ago. The shoe are to address conditions caused by

Michael Wade 151652 9-6-12

Inmate Signature

ADC#

Date